PTC/SB/06 (08-03)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number		
CLAIMS AS FILED - PART I										
	_		(Column 1) (C			SMALL ENTITY		OR -		R THAN ENTITY
FC	R	NUME	NUMBER FILED NUMB			RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16							s	OR		:
TOTAL CLAIR (37 CFR 1.16		14	minus 2	0 =		X \$_ =		1	-	<u></u>
INDEPENDER	T CLAIN	is d	minus	3 - .		1	 	OR	x s=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						X \$=	 	OR	X \$=	
] [+ <u>s</u> =	 	OR	+ \$=		
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL	<u> </u>	OR	TOTAL	
CLAIMS AS AMENDED - PART II										
25/0	7	(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR		THAN ENTITY
∢		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	RATE	ADDI-]	RATE	
Total (37 CFR to (37 C		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		TIONAL FEE		RAIE	ADDI- TIONAL FEE
Tot (37 CFR	.16(c))	· 9	Minus	20	*	x s_9 =		OR	xs/8=	
Z Indepen	dent .18(b))	ُ رک	Minus	3	=	x s 4/2 =		OR	x s 86 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s/1/5=		OR	+5290=	
12.						TOTAL ADD'L FEE		OR	TOTAL	
1:20	5	(Column 1)		(Cab 2)		NOO ET LE		J OK	ADD'L FEE	
اه		CLAIMS		(Column 2) HIGHEST	(Column 3))		
		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
E Tot	31	AMENDMENT	Minus	PAID FOR	=		FEE			FEE
(37 CFR 1	15(c))	. —	Minus	<u> </u>		x s_ 7 =		OR	x s_/} =	
Tot. (37 CFR 1 U Independ (37 CFR 1		<u>V</u>	MINUS		=	x s <u>7/3</u> =		OR	x s 86=-	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s/45=		OR	+5090=	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	/
		(Column 1)		(Column 2)	(Column 2))		O.	HODEFEE 4	
O	Т	CLAIMS		(Column 2) HIGHEST	(Column 3)	<u> </u>		1		
		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Tota		• AMENDMENT	Minus	PAID FOR	-	<u> </u>	FEE			FEE
	i6(c)) ent	•	Minus	•••	=	x s_G =		OR	x s_/}=	
(37 CFR 1.	(6(b))				<u> </u>	x \$ <u>4/3</u> =		OR	x s <u>80=</u>	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ 5 //5 =		OR	+ 5290=	
- 10.0	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. 							OR	TOTAL ADD'L FEE	
" If the "H	ghest Nu	umber Previously	Paid For	IN THIS SPACE	is less than 20, e	nter "20".			_	
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

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